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PTO/SB/05 (03-01)  
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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | <b>Attorney Docket No.</b>    | 46620-830007-US1          |
|   | <b>First Inventor</b>         | Jeffrey J. Thramann, M.D. |
|   | <b>Title</b>                  | VASCULAR STENT GRAFTS     |
|   | <b>Express Mail Label No.</b> | EL948575618US             |

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning design patent application contents.</small> | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Mail Stop: Patent Application<br>Alexandria, VA 22313-1450 |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>17</u>]<br/><small>(preferred arrangement set forth below)</small><br/>- Descriptive title of the invention<br/>- Cross Reference to the Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table or a computer program listing appendix<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets <u>8</u>]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages <u>    </u>]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
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| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)   | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)   |  |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449  | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment  |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                  |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign policy is claimed)  |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |  |
| 17. <input type="checkbox"/> Other: .....   |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: claims the benefit of

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 60/404,343 and 60/404,344  
Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| <b>19. CORRESPONDENCE ADDRESS</b>                                     |   |
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| or <input type="checkbox"/> Correspondence address below              |   |

|                |   |                  |              |                 |              |
|----------------|---|------------------|--------------|-----------------|--------------|
| <b>Name</b>    | Brian P. Kinnear                        |                  |              |                 |              |
|                | Holland & Hart                          |                  |              |                 |              |
| <b>Address</b> | 555 17 <sup>th</sup> Street, Suite 3200 |                  |              |                 |              |
| <b>City</b>    | Denver                                  | <b>State</b>     | Colorado     | <b>Zip Code</b> | 80202        |
| <b>Country</b> | USA                                     | <b>Telephone</b> | 303-295-8170 | <b>Fax</b>      | 303-295-8000 |

|                          |                  |  |                 |
|--------------------------|------------------|--|-----------------|
| <b>Name (Print/Type)</b> | Brian P. Kinnear | <b>Registration No. (Attorney/Agent)</b> | 43,717          |
| <b>Signature</b>         |                  | <b>Date</b>                              | August 18, 2003 |

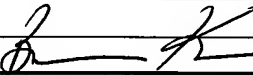
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| <b>FEE TRANSMITTAL<br/>FOR FY 2003</b><br><small>Patent fees are subject to annual revision</small>  |          | <b>Complete if Known</b>  |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|--|----------|---|---------------------------|--|-------------|-----------------|----------|-----------------|----------|--------------|----------|----------|----------|------|------|--------------------|--------|-------------------------------------|-----|---------|-----|-------------------|-------|--|-------|--------------------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|-----------------|----------|------------------------|----------|--|----------|------|--------|------|-------------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|------|------|-----|--|--|---------------------|------|------|-----|--|------------|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27<br><div style="text-align: right;">(\$ 417.00)</div>  |          | Application Number  |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | Filing Date   | Herewith                  |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | First Named Inventor  | Jeffrey J. Thramann, M.D. |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | Examiner Name   | not yet assigned          |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | Group Art Unit  | not yet assigned          |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | Attorney Docket No.   | 46620.930007.US1          |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>METHOD OF PAYMENT</b>   |          | <b>FEE CALCULATION (continued)</b>  |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: <u>08-2623</u><br>Deposit Account Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div><br><small>The Commissioner is authorized to: (Check all that apply)</small><br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account.  |          | <b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>1970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="6" style="text-align: right;"><b>SubTOTAL (3)</b> (\$ 0.00)</td></tr></tbody></table> |                           | Large Entity   |             | Small Entity    |          | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051               | 65     | Surcharge - late filing fee or oath |     | 1052    | 50  | 2052              | 25    | Surcharge - late provisional filing fee or cover sheet |       | 1053               | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804            | 920*     | 1804                   | 920*     | Requesting publication of SIR prior to Examiner action |          | 1805 | 1,840* | 1805 | 1,840*      | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month             |  | 1254 | 1450 | 2254 | 725 | Extension for reply within fourth month                    |  | 1255                | 1970 | 2255 | 985 | Extension for reply within fifth month |            | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SubTOTAL (3)</b> (\$ 0.00) |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                           | Fee Description  | Fee Paid    |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                  |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1051   | 130      | 2051  | 65                        | Surcharge - late filing fee or oath  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1052   | 50       | 2052  | 25                        | Surcharge - late provisional filing fee or cover sheet                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1053   | 130      | 1053  | 130                       | Non-English specification  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1812   | 2,520    | 1812  | 2,520                     | For filing a request for <i>ex parte</i> reexamination                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1804   | 920*     | 1804  | 920*                      | Requesting publication of SIR prior to Examiner action                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1805   | 1,840*   | 1805  | 1,840*                    | Requesting publication of SIR after Examiner action                        |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1251   | 110      | 2251  | 55                        | Extension for reply within first month                                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1252   | 410      | 2252  | 205                       | Extension for reply within second month                                    |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1253   | 930      | 2253  | 465                       | Extension for reply within third month                                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1254   | 1450     | 2254  | 725                       | Extension for reply within fourth month                                    |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1255   | 1970     | 2255  | 985                       | Extension for reply within fifth month                                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1401   | 320      | 2401  | 160                       | Notice of Appeal   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1402   | 320      | 2402  | 160                       | Filing a brief in support of an appeal                                     |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1403   | 280      | 2403  | 140                       | Request for oral hearing   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1451   | 1,510    | 1451  | 1,510                     | petition to institute a public use proceeding                              |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1452   | 110      | 2452  | 55                        | Petition to revive - unavoidable   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1453   | 1300     | 2453  | 650                       | Petition to revive - unintentional   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1501   | 1300     | 2501  | 650                       | Utility issue fee (or reissue)   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1502   | 470      | 2502  | 235                       | Design issue fee   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1503   | 630      | 2503  | 315                       | Plant issue fee  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1460   | 130      | 1460  | 130                       | Petitions to the Commissioner  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1807   | 50       | 1807  | 50                        | Processing fee under 37 CFR 1.17(q)  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1806   | 180      | 1806  | 180                       | Submission of Information disclosure Stmt                                  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 8021   | 40       | 8021  | 40                        | Recording each patent assignment per property (times number of properties) |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1809   | 750      | 2809  | 375                       | Filing a submission after final rejection (37 CFR § 1.129(a))              |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1810   | 750      | 2810  | 375                       | For each additional invention to be examined (37 CFR § 1.129(b))           |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1801   | 750      | 2801  | 375                       | Request for Continued Examination (RCE)                                    |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1802   | 900      | 1802  | 900                       | Request for expedited examination of a design application                  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Other fee (specify) _____  |          |   |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>SubTOTAL (3)</b> (\$ 0.00)  |          |   |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |          |   |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>375.00</td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SubTOTAL (1)</b></td><td>(\$ 375.00)</td></tr></tbody></table>   |          | Large Entity  |                           | Small Entity   |             | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code     | Fee (\$) | 1001     | 750      | 2001 | 375  | Utility filing fee | 375.00 | 1002                                | 330 | 2002    | 165 | Design filing fee |       | 1003   | 520   | 2003               | 260 | Plant filing fee |     | 1004                      | 750 | 2004 | 375   | Reissue filing fee |       | 1005   | 160 | 2005            | 80       | Provisional filing fee |          | <b>SubTOTAL (1)</b>                                    |          |      |        |      | (\$ 375.00) |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                           | Fee Description  | Fee Paid    |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                  |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1001   | 750      | 2001  | 375                       | Utility filing fee   | 375.00      |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1002   | 330      | 2002  | 165                       | Design filing fee  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1003   | 520      | 2003  | 260                       | Plant filing fee   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1004   | 750      | 2004  | 375                       | Reissue filing fee   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1005   | 160      | 2005  | 80                        | Provisional filing fee   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>SubTOTAL (1)</b>  |          |   |                           |  | (\$ 375.00) |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2"></th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>20</td><td>-20** =</td><td>0</td><td>X</td><td>9.00</td><td>=</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>- 3** =</td><td>1</td><td>X</td><td>42.00</td><td>=</td><td>42.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td>=</td><td>0.00</td></tr></tbody></table><br><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SubTOTAL (2)</b></td><td>(\$ 42.00)</td></tr></tbody></table> |          |   |                           | Extra Claims   |             | Fee from below  |          | Fee Paid        |          | Total Claims | 20       | -20** =  | 0        | X    | 9.00 | =                  | 0.00   | Independent Claims                  | 4   | - 3** = | 1   | X                 | 42.00 | =  | 42.00 | Multiple Dependent |     |                  |     |                           |     | =    | 0.00  | Large Entity       |       | Small Entity   |     | Fee Description | Fee Paid | Fee Code               | Fee (\$) | Fee Code   | Fee (\$) | 1202 | 18     | 2202 | 9           | Claims in excess of 20                              |  | 1201 | 84  | 2201 | 42 | Independent claims in excess of 3      |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid   |  | 1204 | 84  | 2204 | 42  | ** Reissue independent claims over original patent |  | 1205 | 18   | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  | <b>SubTOTAL (2)</b> |      |      |     |  | (\$ 42.00) |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
|  |          | Extra Claims  |                           | Fee from below   |             | Fee Paid        |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Total Claims   | 20       | -20** =   | 0                         | X  | 9.00        | =               | 0.00     |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Independent Claims   | 4        | - 3** =   | 1                         | X  | 42.00       | =               | 42.00    |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Multiple Dependent   |          |   |                           |  |             | =               | 0.00     |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                           | Fee Description  | Fee Paid    |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                  |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1202   | 18       | 2202  | 9                         | Claims in excess of 20   |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1201   | 84       | 2201  | 42                        | Independent claims in excess of 3  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1203   | 280      | 2203  | 140                       | Multiple dependent claim, if not paid                                      |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1204   | 84       | 2204  | 42                        | ** Reissue independent claims over original patent                         |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| 1205   | 18       | 2205  | 9                         | ** Reissue claims in excess of 20 and over original patent                 |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <b>SubTOTAL (2)</b>  |          |   |                           |  | (\$ 42.00)  |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |
| <small>**or number previously paid, if greater; For Reissues, see above</small>  |          |   |                           |  |             |                 |          |                 |          |              |          |          |          |      |      |                    |        |                                     |     |         |     |                   |       |  |       |                    |     |                  |     |                           |     |      |       |                    |       |  |     |                 |          |                        |          |  |          |      |        |      |             |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |  |  |                     |      |      |     |  |            |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |  |  |  |  |

| SUBMITTED BY      |   | Complete (if applicable)          |                 |
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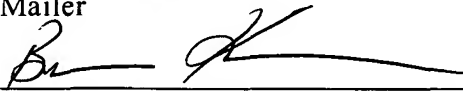
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